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ABSTRACT

In order to help handicapped children function in regular school programs by the time they enter first grade, the First Chance Early Childhood Program provides precise intervention into the development of children aged 3 to 5 with clearly identified handicapping conditions. Using English and/or Spanish, program staff test and measure the referred child's educational and language functioning, as well as social, emotional, behavioral, medical, and intelligence factors. Evaluators employ many tests including the Alpern-Boll Developmental Scale, the Leiter International Performance Scale, and the Del Rio Language Screening Test, an instrument which uses five subtests to screen language skills of English and Spanish speaking children aged 3 to 6.11. Children accepted into the program are assigned to one of four program components in which they: (1) spend full time with the Assisting Individual Development (AID) program; (2) divide their time between AID and a regular program; (3) use AID as a resource to supplement a regular program; or (4) receive AID-directed home training. Test results form the basis for individualized curriculum plans centering around self-help, socialization, motor skills, academic skills, and communication. Language development is heavily stressed. Parental involvement is important to all program aspects. Staff job descriptions, sample forms, and appraisal instructions are included. (SB)

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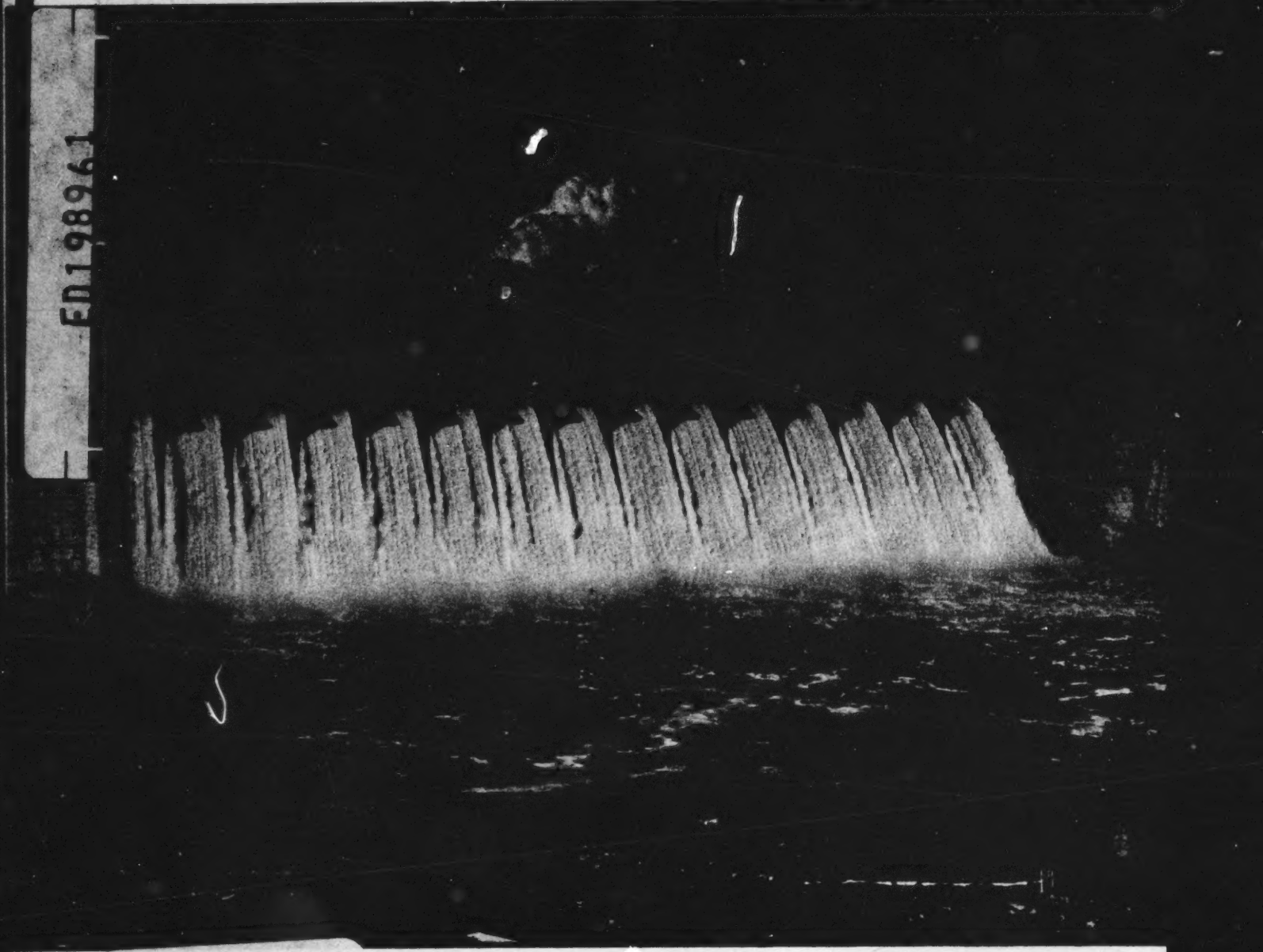

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San Felipe-Del Rio Consolidated Independent School District

Outreach services are available for the provision of training and assistance to school district and other agency personnel in the development of programs for pre-school handicapped children.

The demonstration site in the San Felipe Del Rio Consolidated School District is the result of three years of intensive effort to establish a model early childhood program.

Staff training is available in the four specific areas defined in Chapters II, III, IV and V of this handbook and can be provided in Del Rio after a visit to the site. Subsequent training and assistance can be provided in Del Rio or at the location of the requesting school if so desired. Requests for this assistance can be made through Mr. O. B. Poole, Jr., Superintendent, San Felipe Del Rio Consolidated Independent School District, Del Rio, Texas, 78840.

1975

by
Cornelia B. Hanna
D. Levermann

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SAN FELIPE DEL RIO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

IN COOPERATION WITH

U.S. OFFICE OF EDUCATION, BUREAU OF EDUCATION FOR THE HANDICAPPED

DEL RIO FIRST CHANCE
EARLY CHILDHOOD
PROGRAM

CHAPTER I

OVERVIEW AND ROLES

The First Chance Early Childhood Program of the San Felipe Del Rio Consolidated Independent School District offers a multifaceted program geared to the individual needs of young handicapped children.

The resources of the Texas Plan A Special Education Program and the Bureau of Education for the Handicapped, U.S. Office of Education, have been combined for the development of this project.

Del Rio is located on the Mexican border in Val Verde County, a sparsely settled area covering 3,242 square miles with a population of approximately 25,000. Of this number, 21,000 live in the community of Del Rio. The population is approximately one percent Black, thirty-three percent Anglo, and sixty-six percent Mexican American.

GUIDELINES FOR EARLY CHILDHOOD EDUCATION FOR THE HANDICAPPED

PURPOSE

The purpose of the program for early childhood education for the handicapped is to provide precise interventions into the development of exceptional children ages 3-5 who have clearly identified handicapping conditions as described in TEA Bulletin 711. Routinely, the purpose of the interventions is to maximize the probability that the student will be able to function successively in regular school programs by the time he enters first grade. Because of the unique place of language in the development of academic skills, the early childhood program is heavily weighted for intervention into language development.

All tests are administered in English and/or Spanish. The language(s) to be used for testing is based on the results of the Del Rio Language Screening-English/Spanish. All written communications to parents are in English and/or Spanish.

DEFINITIONS

A student in early childhood education for the handicapped is one who is within the age range 3-5 on or before September 1 of an academic year and who meets eligibility criteria in one or more of the handicapping conditions set out in Bulletin 711.

PROGRAMMING

Although the program for early childhood education for the handicapped is designed for children within the age range 3-5, children outside of that age range may be assigned to early childhood instructional arrangements when their

ARD committees feel such an assignment is appropriate.

INSTRUCTIONAL ARRANGEMENTS

1. Self-Contained-A child assigned to a self-contained instructional arrangement spends his entire school day in the same setting, under the direction of the Assisting Individual Development (AID) Plan A Program personnel.
2. Integrated-A child assigned to an integrated instructional arrangement spends more than half of his school day under the direction of AID personnel, and the balance of his school day in regular programs, such as kindergarten.
3. Resource-A child assigned to a resource instructional arrangement is a student who is assigned to a regular program, but who spends no more than half of his school day under direction of AID personnel. This program is geared to serve children in the mainstream of education who need individual assistance in any of the developmental areas and/or speech therapy. A resource student can be seen for ½ hour to 3 hours depending on his need. Routinely, there is a maximum membership of three children per resource group. The children are grouped according to similarities of needs.
4. Home Training-The home training instructional arrangement is centered in the child's home. Its aim is to involve the child and parent and/or surrogate in an initial educational experience that best meets the needs of the child. Children are assigned on an individual basis to home training instructional arrangement by ARD committees charged with being responsive to the children's and to their families' needs. Children

are scheduled for the home program at times that do not conflict with the self-contained and resource programs. In addition to the home training, some of the children attend a campus-based program four afternoons a week for motor-training and socialization activities. The home training teacher goes to the home for a total of an hour per week to work with both the parent and the child. The home trainer teaches the child and demonstrates techniques and procedures to the parent for follow-up sessions during the week. The parent or surrogate parent is trained to observe and record behaviors and a practice session is held so that the parent is familiar with the activity each day until the teacher's return. They actively participate in the education of their children.

Parents are expected to carry out activities each day. A major goal in this program is parent education: learning how to work with their child. Most parents are very anxious to help their children and often have tried many things to no avail. With a little guidance, parents are very effective teachers of their handicapped children.

JOB DESCRIPTIONS

The Plan A Special Education Director:

1. supervises and directs all Assisting Individual Development (AID) programs
2. directs all administrative and budgetary operations

The Counselor:

1. serves as a liaison between parents, school and community
2. assists in determining adaptive behavior
3. serves as a member of screening committee meetings and Admission, Review

and Dissmissal (ARD) committee meetings

The Educational Diagnostician:

1. attends screening committee meetings upon request of the helping teacher and attends ARD committee meetings
2. continues the appraisal process by conducting individual intellectual and educational assessments on receipt of the child's folder from the diagnostic teacher
3. Notifies parent of interim screening committee's diagnostic placement decision
4. writes a statement of eligibility criteria on each child to comply with state requirements
5. serves as chairman of the diagnostic team that writes an educational plan for each child from the available information including teacher suggestions and observations and also suggestions from the ARD committee meeting
6. discusses and explains the educational plan with the AID teacher and the classroom teacher, be available to teachers for assistance in implementation and adaptation of educational plans, and review with each AID teacher the three-month educational plan evaluations and final summaries

The Helping Teacher is a member of the AID teaching staff. She:

1. receives the referral as the first step in the appraisal process
2. arranges a conference with the referring teacher, if applicable, to complete the AID in-depth referring form
3. observes the child in the classroom and suggests initial instructional

methods for use by the classroom teachers

4. arranges for the child's vision and hearing screening
5. attends the screening committee and is responsible for describing and explaining the Plan A AID program, for obtaining the case history, for obtaining signed permission required, and for explaining the medical requirement
6. transmits the child's referral folder to the diagnostic teacher

The Diagnostic Teacher continues the appraisal process by:

1. initiating the educational appraisal by means of formal and informal educational tests, clinical observations, and diagnostic teaching if a screening committee has made a diagnostic placement
2. notifies the educational diagnostician when the child is ready for testing
3. assists in writing the eligibility criteria report and educational plan with the educational diagnostician
4. may attend the Admission, Review and Dismissal Committee meeting

All teachers:

1. participate in all components of the program
2. are responsible for selecting specific and sequential objectives appropriate for teaching each child in accordance with needs established in the educational plan. She prepares probe and activity sheets and/or behavior log forms to be used by herself or an aide to achieve her specific objectives
3. prepare a 3 month revision of the educational plan using the appropriate form and meets with the educational diagnostician to compare this revision

to the educational plan

The instructional aide:

1. is a part of the instructional team acting under the direct supervision and guidance of the AID teachers or teacher. This may include serving as a home trainer
2. follows the specific written instructions of the AID teachers in working with the children. According to instructions received from the Texas Education Agency, special education teacher aides must be used only in special education instructional programs, must have at least a high school diploma or certificate of equivalency, and training or experience in working with handicapped students.

Staff positions include:

Director of the Plan A program

Educational Diagnostician

Counselor

Teachers:

Special Education teachers with Early Childhood endorsement

Speech and Language Specialist

Instructional Aides

Additional personnel:

Consultants:

Clinical Psychologist

Speech and Language Specialist

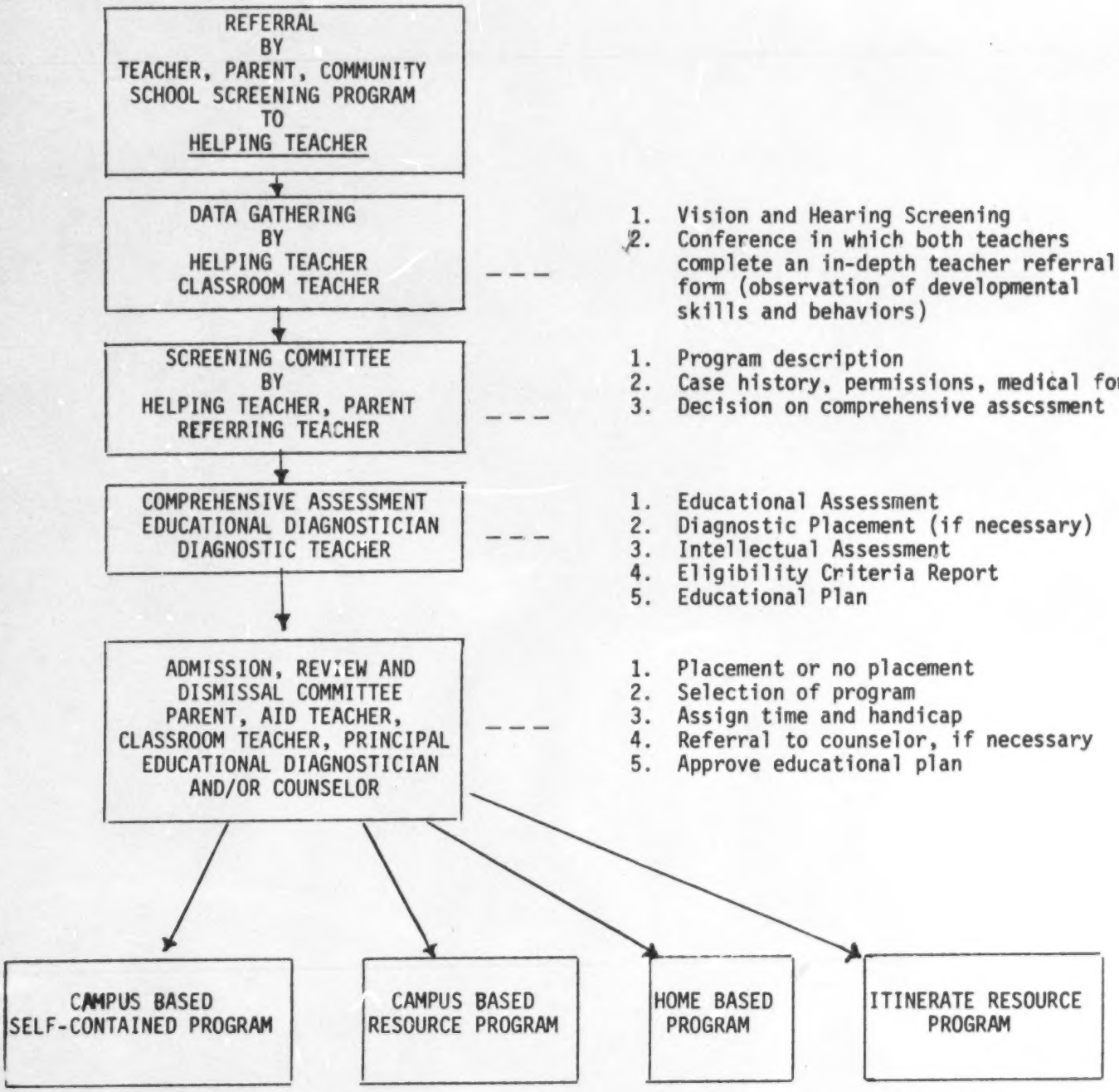
Others as needed

Parent and community volunteers

High School students receiving credit for Child Development

CHAPTER II

EARLY CHILDHOOD APPRAISAL PROCESS


REFERRAL BY TEACHER, PARENT, COMMUNITY SCHOOL SCREENING PROGRAM TO HELPING TEACHER
DATA GATHERING BY HELPING TEACHER CLASSROOM TEACHER
1. Vision and Hearing Screening
2. Conference in which both teachers complete an in-depth teacher referral form (observation of developmental skills and behaviors)
SCREENING COMMITTEE BY HELPING TEACHER, PARENT REFERRING TEACHER
1. Program description
2. Case history, permissions, medical form
3. Decision on comprehensive assessment
COMPREHENSIVE ASSESSMENT EDUCATIONAL DIAGNOSTICIAN DIAGNOSTIC TEACHER
1. Educational Assessment
2. Diagnostic Placement (if necessary)
3. Intellectual Assessment
4. Eligibility Criteria Report
5. Educational Plan
ADMISSION, REVIEW AND DISMISSAL COMMITTEE PARENT, AID TEACHER, CLASSROOM TEACHER, PRINCIPAL EDUCATIONAL DIAGNOSTICIAN AND/OR COUNSELOR
1. Placement or no placement
2. Selection of program
3. Assign time and handicap
4. Referral to counselor, if necessary
5. Approve educational plan
CAMPUS BASED SELF-CONTAINED PROGRAM
CAMPUS BASED RESOURCE PROGRAM
HOME BASED PROGRAM
ITINERATE RESOURCE PROGRAM

APPRAISAL PROCESS

The following sequence of events is established as official AID guidelines mandatory prior to placement of any student in any program for exceptional children. Guidelines are within the framework of Texas Education Agency 711. The diagnostic process in education begins with an expression of concern from a legitimate source, such as parent or guardian, school personnel, community agency, professional in private practice, and organizations or groups, and is set in motion through the school's systematic appraisal process. Such expressions of concern will be formalized into a referral which will be directed to the appropriate individual committee within each school. Community referrals are directed to the helping teacher. Routinely, when concern for a child is expressed within the school context, the following steps will be observed:

STEP I-REQUEST FOR HELPING TEACHER AND REFERRAL

The classroom teacher recognizes a need for assistance for student(s) who exhibit learning and/or adjustment problems. This teacher initiates a Request for Helping Teacher form which is obtained from the principal on that campus (see Helping Teacher). Upon receipt of a Request for Helping Teacher form, the Helping Teacher will start an AID student folder for this form and additional information will initiate the data gathering process for the Parent Conference (Screening Committee).

Routine data collected will include:

1. a written report of vision and hearing screening
2. an indepth teacher referral if the child is in school

SAN FELIPE DEL RIO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

AID PROGRAM

REQUEST FOR HELPING TEACHER

or

SPEECH THERAPY

NAME OF STUDENT _____ DATE _____

SCHOOL _____ HELPING TEACHER _____

GRADE LEVEL _____ CLASSROOM TEACHER _____

PROBLEM:

ACTION TAKEN: (HELPING TEACHER COMPLETES)

_____Referral Complete _____
(DATE)

_____Vision/Hearing Screening Complete_____
(DATE)

_____Parent Contacted by Classroom Teacher_____
(DATE)

_____Parent Conference Scheduled by Classroom Teacher_____
(Date of Conference

Other _____

ACTION TAKEN: (Referring Teacher Completes at Termination of Parent Conference-Forward to Campus Diagnostician)

_____Eligible

_____Diagnostic Placement

_____Comprehensive Assessment

_____Ineligible

Distribution:

1. Original to AID Office
2. Principal
3. Helping Teacher (2 copies)

Primary language spoken at home as stated by parents

English

Spanish

Other _____

REFERRAL TO AID PROGRAM

(AGE-4 years to 5.6 years)

NAME: TEACHER:

DATE OF BIRTH: TODAY'S DATE:

PARENTS: SCHOOL:

ADDRESS: GRADE:

PHONE:

GENERAL INFORMATION

1. Pertinent School History related to the following:
   a. Extended absences _____ b. Severe Illness _____
2. Has this child ever received special services, such as:
   a. Speech Therapy _____ b. Counseling
3. To your knowledge, does this student have one or more of the following problems:
   a. Vision _____ d. Bladder or Bowel control _____
   b. Hearing _____ e. Severe Illnesses _____
   c. Physical Handicaps _____
4. What methods or techniques have you used that have been successful with this student, no matter how minimal? _____
   _____
   _____
5. How do you get this child to talk to you? _____
   _____
6. How do you get this child to enter group play? _____
   _____
7. What are this student's strongest characteristics--cognitive, motor, personality?
   _____
   _____

LANGUAGE

What is the primary language of this child?

Circle One: Spanish _____ English _____ Other _____

The following language items are based on the child's ability to understand and to express himself in his primary language.

YES NO

___ ___ 1. Does he seem to understand what is said to him?

___ ___ 2. Can he follow one direction at a time?

___ ___ 3. Can the child follow a series of 3 directions given to him?

___ ___ 4. Does this child watch the speakers face intently?

___ ___ 5. Does the child follow visual directions rather than being told?

___ ___ 6. Can he reply with his first and last name?

___ ___ 7. Can he name 3 animals?

___ ___ 8. Can he relate a personal experience?

___ ___ 9. Does he occasionally initiate conversation with his classmates and teacher?

___ ___ 10. Does he generally use complete sentences in conversing? If not, does he speak in single words? _____

in phrases? _____

___ ___ 11. Does he use prepositions correctly--on top of, above, on, under, next, in front of, behind, etc. ?

___ ___ 12. Is the child able to answer questions about a story that has been read to him?

___ ___ 13. Can he retell a simple story using proper sequence after you told it to him?

___ ___ 14. Can he define simple words? (What is a table?)

SPEECH

YES NO

___ ___ 1. When the child is speaking, can you understand him?

___ ___ 2. Is the child speaking with a noticeably unusual voice quality?

Too soft _____ Too Loud _____

___ ___ 3. If the answer is to #1 is "yes", it is: hoarse _____

breathy _____

harsh _____

BEHAVIOR

YES NO

___ ___ 1. Can the child sit in his seat and carry on an activity for an appropriate length of time?

___ ___ 2. Can the child get along with other children in the class without displaying hostility and aggression (hitting, pushing, teasing, name calling, etc.)?

___ ___ 3. Does he relate well with adults?

___ ___ 4. Does he relate well with peers?

___ ___ 5. Does he appear generally happy?

___ ___ 6. Can he focus attention on one task?

___ ___ 7. Does the child keep his mouth closed while working, sitting, and/or at rest?

___ ___ 8. Can the child play alone?

___ ___ 9. Can the child accept correction?

SELF HELP

___ ___ 1. Can the child toilet himself properly without assistance?

___ ___ 2. Does the child seek help in an emergency?

___ ___ 3. Is this child a messy eater?

GROSS MOTOR

___ ___ 1. Does the child seem to walk and run with equal skill as the other children his age?

___ ___ 2. Is he able to get in and out of his chair without falling?

FINE MOTOR

___ ___ 1. Does the child have an easy 3-finger grasp near the tip of the pencil or crayon?

___ ___ 2. When coloring, can he stay within the lines?

___ ___ 3. Can he cut simple shapes with scissors?

STEP II PARENT CONFERENCE (SCREENING COMMITTEE)

This is an official Screening Committee meeting which will be held when all routine data has been collected, except the case history which will be taken at the meeting. Any and all decisions are by committee majority in this official meeting. No one member has the perogative to make decision(s) for this committee.

COMPOSITION

1. Referring Teacher (scheduled meeting with the parent)
2. Helping Teacher (contact AID Support Staff, keep minutes)
3. Parents

PURPOSE

To collect, process, and evaluate all developmental, educational, and social data available, essential to tentatively identifying this student as an exceptional child and recommending tenative educational services within one or more of the following options:

1. Eligible or ineligible for further AID services
2. Referral for comprehensive assessment
3. Referral for other type or kind of service (medical, Regional Day School for the Deaf, regular pre-school program)
4. Referral directly to Admission, Review and Dismissal Committee

EFFECT OF SCREENING COMMITTEE:

Decisions made by this committee initiate immediate action by many specialists.

1. If the child is judged eligible for further AID services; the student may be referred for comprehensive assessment, requiring assignment to an educational diagnostician for appraisal.

2. If the student is judged ineligible for AID services, the committee may refer him for other types and kinds of services designed to meet his educational needs and no further screening committee action is required.
3. If the student is AID or is a transfer student from another special education program, he may be scheduled for ARD Committee action, providing necessary data are on hand.

CASE HISTORY FOR CHILDREN WITH COMMUNICATIVE DISORDERS

NAME_____ BIRTHDATE_____ AGE_____ SEX_____

DATE HISTORY TAKEN_____ ADDRESS_____

PHONE_____ INFORMANT_____

FAMILY AND SOCIAL HISTORY

1. Father

   a. Name_____ Age_____

      Education_____

   b. Marital status_____ Living with family_____

   c. Health_____

   d. Occupation_____

   e. Remarks_____

2. Mother

   a. Name_____ Age_____

   b. Education_____

   c. Marital status_____ Living with family_____

   d. Health_____

   e. Occupation_____

   f. Remarks_____

      _____

3. Other parent figures (if living with child)_____

4. Siblings

Relationship to patient	Age	School	Health
a.			
b.			
c.			
d.			
e.			

5. Peer relationships _____

_____

_____

BIRTH AND NEONATAL HISTORY

1. Mother's pregnancies: How many? _____

2. Delivery: Premature____ Yes____ No If yes, what month? _____

Length of labor _____

Remarks concerning pregnancy and delivery: _____

_____

_____

3. Neonatal condition: Placed in incubator or isolette _____

For how long _____ Baby's color _____

Sucked soon after birth _____ Baby's weight _____

Twin _____ If so, was he the weak or strong one? _____ How much did baby move about in first few days of life? _____

_____

_____

a. Eating _____

b. Sleeping _____

c. Age for walking _____

d. Does he ride tricycle or bicycle _____

_____

e. Toilet training _____

_____

f. Use of hands with tools _____

_____ _____

4. Speech and language

a. At what age could he use single words other than mama, dada, and bye-bye?

_____

b. At what age could he communicate with sentences?_____

c. Was his speech intelligible to family?_____ to others?_____

d. Did he seem to understand what was said to him? _____

_____

f. Although he seemed to hear, did he often ignore what was said to him?_____

_____

g. Was he able to follow oral instructions or did he "forget" easily?_____

_____

h. Did you ever think he might be hard-of-hearing? _____

i. Did he recall and recount happening? _____

j. Would he listen to stories read to him? _____

MEDICAL HISTORY

1. Diseases and other disorders

Does he have frequent tonsilities with ear infections _____

_____

2. Hospitalizations: Age _____ Duration _____

Reason _____

3. Complications from any other childhood diseases _____

_____

4. Polio _____

5. Wore braces or other corrective appliances _____

6. Convulsions _____

7. Family Doctor _____

8. Medication _____

9. Temper tantrums _____

10. Headaches _____

11. Fainting _____

12. Congenital deformities such as club feet _____

13. Other _____

_____

SCHOOL HISTORY

1. Grade: Now in _____ Repeated _____

Remarks _____

_____

Case History taken by _____

Informant's signature _____

PARENT PERMISSION FORM

I REQUEST THAT MY CHILD _____ BE GIVEN A DIAGNOSTIC EVALUATION WHICH WILL BE ARRANGED BY THE SFDRCISD.

_____

PARENT SIGNATURE ADDRESS DATE

PERMISO DE PADRES

Yo pido que mi nino o nina _____ se le de una serie de pruebas diagnosticas que la administracion del distrito SFDR citara.

_____

Firma de Padre Direccion Fecha

RELEASE OF INFORMATION

I hereby give permission for the release of all information on file concerning my child _____,

born on _____

from the: _____

_____

_____

to the: Aid Program S.F.D.R.C.I.S.D.

P. O. Box 1229

Del Rio, Texas 78840

_____ _____

Signed Relationship to child

_____ _____

Address Date

ASSISTING INDIVIDUAL DEVELOPMENT PROGRAM

PARENT'S APPLICATION AND PERMISSION FOR PLACEMENT

We request that _____(our child), receive academic assistance in the Assisting Individual Development Program.

We understand that Assisting Individual Development Program personnel will inform us of results of evaluations necessary for placement in the program so that we may better understand our child's abilities and disabilities.

We understand that placement of any student in the program is on a trial basis.

We agree that his/her records may be made available, on a confidential basis, to professional people who are involved in his/her instructional planning or to another school when he/she moves to another school.

With the entry of our child in the Assisting Individual Development Program, we agree to cooperate in the following:

1. We will be responsible for our child's regular attendance in the program.
2. We will work with the teachers and other staff members to help our child since only by our combined efforts will our child succeed.
3. We will participate in parent conferences and study groups to learn more about our child.

DATE_____

ADDRESS_____

TELEPHONE _____

_____

PARENT SIGNATURE

PROGRAMA AID

Aplicacion y Permiso para Colocacion

Nosotros pedimos que nuestro hijo/hija, _____, reciba asistencia academica en el programa para ayudar al individuo a progresar. (AID)

Entendemos que el personal del programa nos informara sobre los resultados de las pruebas que se le pongan a mi hijo/hija las cuales son necesarias para poder colocarlo en el programa. Con esta informacion tambien nosotros podremos mejor comprender no solo sus habilidades sino que tambien sus limites. Asi juntos buscaremos la mejor manera de servirle.

Entendemos que los records de mi hijo/hija son confidenciales y que solamente las personas indicadas pueden revisarlos ya sea para hacerle un plan de estudio o para ayudarlo segun sea necesario.

Ya estando en el programa nuestro hijo/hija, nosotros estamos dispuestos a cooperar de la siguiente manera:

1. Nosotros nos haremos responsable de que nuestro hijo/hija asista al programa con puntualidad.
2. Trabajaremos con los maestros y demas personal de programa para ayudar a nuestro hijo/hija ya que solo con un esfuerzo unido se lograra el mayor aprovechamiento.
3. Buscaremos conocer a nuestro hijo/hija participando en conferencias o circulos de estudio.

_____ _____

Fecha Firma de Padre or Guardian

_____

Direccion

_____

Telefono

SAN FELIPE
DEL RIO Consolidated Independent School District

P. O. BOX 1229 - DEL RIO, TEXAS 78840

AID PROGRAM

GENERAL MEDICAL EVALUATION FORM

PHYSICIAN TO SCHOOL

Pupil's Name _____

Date of Birth _____

(1) Significant Findings (history): Note frequent or serious illnesses, allergies, disturbances, chronic conditions the school should be aware of.

(2) Significant Findings (physical & neurological):

(3) Recommendations:

(4) Medication pupil is taking:

_____
Signature of Physician

_____
Date

STEP III-COMPREHENSIVE INDIVIDUAL ASSESSMENT

Comprehensive individual assessment will be performed in the following ways in the areas that are appropriate:

1. Medical and health factors are derived from developmental histories, reports of general medical evaluations, and reports of medical specialists
2. Sociological variables are derived from referral information and case histories
3. Educational functioning is derived from the Alpern-Boll Developmental Scale, Del Rio Language Screening Test, and special area tests, as indicated
4. Intelligence factors are derived from the Leiter International Performance Scale. If no basal is established, the Stanford-Binet Intelligence Scale will be administered. If no basal is obtained on either, the Slosson Intelligence Test will be administered
5. Language functioning is derived from the Del Rio Language Screening Test, the Del Rio Articulation Screening Test or the Goldman-Fristoe Test of Articulation, as appropriate, the Test for Auditory Comprehension of Language, the Northwestern Syntax Screening Test, the Toronto Test of Spanish Grammar. The Peabody Picture Vocabulary Test, the Communications Scale of the Alpern-Boll Developmental Scale, the Draw-a-Person and the Utah Test of Language may be substituted for relevant portions of the above tests, or used supplementally, as needed
6. Emotional and/or behavioral factors are derived from teacher observation, referral, observations by AID personnel and psychological and/or

evaluations.

Language evaluations will be performed routinely, even though the eligibility of some children does not depend on their language functioning.

It is recognized that in handicapping conditions in which intellectual functioning is a factor for meeting eligiblity criteria, it will be difficult or impossible to generate standard deviation units from standardized tests; in such cases, clinical judgement will take precedence over test scores. Tests are used as tools to describe a child's performance in the developmental area assessed.

The Leiter, Stanford-Binet or Slosson are administered to fulfill Texas Education Agency criteria for a written report on intellectual functioning, if such a report is indicated.

The Alpern-Boll Developmental Profile is an inventory which assesses the child's development from birth to pre-adolescence in five areas: Physical, Communication, Social, Academic and Self-help. The test is a question-answer type and takes about 40 minutes to administer. This test is generally administered in an interview with the parent. Project personnel have administered this test in an interview with the parent and/or the referring teacher. Some portions of the test can be administered directly to the child. Routinely, the Self-help and Social portions are completed during the Screening Committee. The Physical, Academic, and Communication portions are completed either by interview or by administering the items to the child.

The results are given in age equivalents and provide a strength-weakness profile which is a basis for individual curriculum planning.

A quick score sheet has been devised for scoring all developmental areas on a single sheet of paper and for providing a profile of the five age equivalency scores.

The test for Auditory Comprehension of Language-English/Spanish is a standardized test which assesses receptive language in the areas of vocabulary, morphology, and syntax. It provides a language age equivalency. This test requires a non-verbal response. It can be administered in 10 to 15 minutes. The English score sheet includes an error analysis section which has been helpful in educational planning. The Peabody Picture Vocabulary Test is given in English and/or Spanish to obtain an estimate of receptive vocabulary. A local Spanish translation is used. The Northwestern Syntax Screening Test and/or the Toronto Test of Spanish Grammar is administered to obtain a general level of receptive and expressive linguistic competence in both English and/or Spanish.

The Boehm Test of Basic Concepts is appropriate for assessing some temporal-spatial concepts in both English and Spanish. This test requires a non-verbal response. It can be administered individually or in groups in 15 to 25 minutes. No standardized scores are given but the test is valuable for educational planning.

The Draw-A-Person is used to obtain information on the child's general knowledge of body parts and some indication of body concepts.

ALPERN-BOLL QUICK SCORING SHEET

NAME _____ DATE _____

TRAINER _____

PHYSICAL	SELF HELP	SOCIAL	ACADEMICS	COMMUNICATIONS
1.	1.	1.	1.	1.
2.	2.	2.	2.	2.
3.	3.	3.	3.	3.
4.	4.	4.	4.	4.
5.	5.	5.	5.	5.
6.	6.	6.	6.	6.
7.	7.	7.	7.	7.
8.	8.	8.	8.	8.
9.	9.	9.	9.	9.
10.	10.	10.	10.	10.
11.	11.	11.	11.	11.
12.	12.	12.	12.	12.
13.	13.	13.	13.	13.
14.	14.	14.	14.	14.
15.	15.	15.	15.	15.
16.	16.	16.	16.	16.
17.	17.	17.	17.	17.
18.	18.	18.	18.	18.
19.	19.	19.	19.	19.
20.	20.	20.	20.	20.
21.	21.	21.	21.	21.
22.	22.	22.	22.	22.
23.	23.	23.	23.	23.
24.	24.	24.	24.	24.
25.	25.	25.	25.	25.
26.	26.	26.	26	26.
27.	27.	27.	27.	27.
28.	28.	28.	28.	28.
29.	29.	29.	29.	29.
30.	30.	30.	30.	30.
31.	31.	31.	31.	31.
32.	32.	32.	32.	32.
33.	33.	33.	33.	33.
34.	34.	34.	34.	34.
35.	35.	35.	35.	35.
TOTAL AGE	TOTAL AGE	TOTAL AGE	TOTAL AGE	TOTAL AGE

STEP IV-ADMISSION, REVIEW, AND DISMISSAL COMMITTEE

This is an official Admission, Review, and Dismissal Committee meeting which will be held when all evaluation data has been compiled into a written statement of eligibility and a written educational plan. This committee studies all available information on each child. Its members decide upon placement in the AID program, assigns the handicapping condition, decides upon the placement in the appropriate instructional arrangement, sets the amount of time for instruction, and approves the educational plan.

An end-of-the-year ARD Committee meeting is held to review each child's progress, to inform the parent of the child's progress, and to decide if any changes need to be made in instructional arrangements.

Parents are informed in writing of any pending ARD Committee meting. They are requested to indicate approval of the date and time selected or to choose another date and time.

A R D COMMITTEE

STUDENT _____ SCHOOL _____ GRADE _____

TEACHER _____ DATE _____

PLACEMENT _____ HANDICAP _____

TIME SCHEDULE IN AID ROOM _____

Any change in conditions which would merit further study and/or action may be reviewed by the Committee.

ATTENDING MEETING:

_____
CLASSROOM TEACHER

_____
A I D TEACHER

_____
M/A PARENT

REPORT OF INTELLECTUAL FUNCTIONING _____

REPORT OF LEARNING PROCESSES _____

REPORT OF EDUCATIONAL ASSESSMENT _____

DOCUMENTATION OF LEARNING STYLE _____

MEDICAL _____

HEARING & VISION SCREENING _____

MEDICAL SPECIALIST REPORT _____

REPORT OF PSYCHOLOGICAL APPRAISAL _____

REPORT OF SPEECH DISORDER & DEGREE OF SEVERITY _____

WRITTEN PLAN OF SPEECH THERAPY _____

CASE HISTORY _____

EDUCATIONAL PLAN _____

_____
EDUCATIONAL DIAGNOSTICIAN AND/OR COUNSELOR

Dear Parents:

The Admission, Review and Dismissal Committee met on _____,

to review _____'s school progress. I am sorry you

were unable to attend.

The committee recommendation was that your child continue to receive special services from the AID (Assisting Individual Development) Program. Before these services can start for the next school year, a general medical examination report must be on file in the AID office. After your doctor completes the enclosed medical form, please return it to me.

_____

Classroom Teacher

Estimados Padres:

El Comité ARD (Admitir, Revisar, Despedir) del Programa AID se reunió el día

_____, para revisar el progreso escolar de _____.

Sentimos mucho que no haya podido asistir a esta junta.

Fue la recomendación del comité que su hijo/hija continuara recibiendo los servicios del programa AID (Asistiendo El Desarollo Individual). Sin embargo, antes de empezar esta ayuda el proximo año es necesario que su hijo/hija reciba un examen médico. Lleve la forma que aquí le enviamos a su médico y cuando la haya llenado regrésenola lo más pronto posible.

_____

La Maestra

_____ _____

NAME OF STUDENT DATE

An ARD Committee was held on _____, 19_____. The recommendation made by the committee members was:

_____ Assistance to be provided by an AID teacher for _____minutes a day.

_____ Change in AID Schedule from _____minutes to _____ minutes.

_____ Placed on a waiting list until there is a vacant period in the aid program.

Please feel free to discuss this with your son's/daughter's teacher.

_____ _____

NOMBRE FECHA

El _____ de _____19_____, se llevó a cabo una junta del comité ARD (comité encargado de Admitir, Revisar, Despedir) del Programa AID. La recomendación del comité concerniente a su hijo/hija es la siguiente:

_____ será ayudado en el Programa AID por _____ minutos diariamente.

_____ cambio de horario de _____minutos a _____minutos diariamente.

_____ esperar hasta que haya lugar para colocarlo en el programa.

Espero se sienta con la absoluta libertad de discutir esta decisión con el maestro/la maestra de su hijo/hija.

CHAPTER III

THE DEL RIO LANGUAGE SCREENING TEST-ENGLISH/SPANISH

GENERAL INFORMATION

The Del Rio Language Screening Test was standardized in Del Rio, Texas, on three hundred eighty four children. It rapidly screens English and/or Spanish language skills of children between the ages of 3.0 and 6.11. It is appropriate for three major groups of children: 1) English speaking Anglo-American children, 2) predominantly English speaking Mexican-American children, and 3) predominantly Spanish speaking Mexican-American children. Norms have been established for each group. A unique aspect of the test is its usefulness in determining a bilingual child's proficiency in each language.

The DRLST is administered individually in approximately 10-20 minutes. Rapid screening of many children has been facilitated by using only one of two subtests. Should such an abbreviated procedure be used, a discriminative function analysis suggests that the Receptive Vocabulary and Story Comprehension subtests are the most discriminating subtests.

In Del Rio, this test is used to screen students in order to identify children with deviant language performance. It is used not only to qualify a severe language deficit but to help in identifying a mild or moderate language delay at an early age. It has been adopted by the local bilingual program to determine the primary language of public school children in the appropriate age range. It has been used by the Title I Head Start Program to help determine a child's eligibility for entrance into the Head Start Program. It can be used diagnostically, in whole and in part, to obtain specific information

concerning an individual child's language functioning. For example, the Oral Commands subtest is used diagnostically as part of the local Plan A test battery administered routinely to all students who are referred to the Plan A program.

Each of the five subtests has a specific purpose and test functions that are important to the language learning process.

The five subtests are:

(1) The Receptive Vocabulary subtest assesses the child's comprehension of single nouns and verbs with increasing difficulty

(2) The Sentence Reptition-Length subtest measures memory for related strings of words in grammatical sentences of increasing length

(3) The Sentence Repetition-Complexity subtest measures a child's ability to repeat relatively short sentences that increase in grammatical complexity

(4) The Oral Commands subtest assesses memory for increasing numbers of oral commands

(5) The Story Comprehension subtest assesses memory for information in short stories. It requires recall of specific information and verbal expression

TIPS FOR TESTERS

1. Most young children require only a few minutes to establish rapport. They seem to enjoy the first subtest. Let the child know you are not the nurse.
2. Be sure the child is attending. You may need to touch him or say his name.
3. Tab the test at the story comprehension pages and the beginning pictures

for English and Spanish Vocabulary tests.

4. For reference until memorized, the following might be written on one English and one Spanish score sheet:
   (a) number of items to administer
   (b) directions verbatim
   (c) acceptable answers to story questions

ADMINISTERING THE TEST

The administration and scoring portion of the test manual includes instructions which should be followed exactly as outlined for valid test results. This section contains four general rules and instructions for administering and scoring each subtest.

General Rules

1. Try to test in a quiet place.
2. Reinforce responses by saying "good" or some other encouraging remark even if the response is incorrect.
3. Give instructions verbatim. Memorize or read.
4. Speak clearly at a normal rate of speech.

RECEPTIVE VOCABULARY-Present all pictures to all children

1. Words may be said more than once if the child does not respond the first time.
2. Articles for nouns are not to be used. (i.e.) airplane and balloon, not the airplane or the balloon.
3. If a child refuses to point, mark an error and continue testing.
4. Teach the desired task using the two demonstration pictures at the beginning of the test.

5. Make sure a child is looking at ALL of the pictures before responding, especially if a child begins pointing to the same quadrant for each plate.

6. If a child changes his choice, count the last response.

Instructions to the child

Show first plate

"We are going to look at some pictures. Look at all of the pictures on this page". (Point to all 3 pictures) "When I say a word, I want you to point to the right picture. If you don't know the answer, point to the one you think is right". "Airplane" (If no response) Point to airplane. (Continue turning the pages and presenting the words. Reinforce the child's pointing by saying "good" after each response-even if it is incorrect).

Scoring

Count one point per correct response and enter total in the scoring blank.

SENTENCE REPETITION-LENGTH-Discontinue after three consecutive sentences missed

1. Speak clearly and at a normal rate of speech.
2. Sentences may not be presented more than once.

Instructions to the child

I want you to say exactly what I say. "I am a boy (girl)". (Wait for response. If the child does not respond, repeat instructions and start with sentence number 2).

Scoring

Mark one point for each sentence repeated correctly. Any change in the sentence structure is counted as incorrect. Do not penalize the child for pronunciation or articulation errors. DO NOT SCORE the trial items, A and B.

SENTENCE REPETITION-COMPLEXITY-Present all sentences

Instructions to the child

Same as Sentence Repetition-Length

Scoring

Same as Sentence Repetition-Length

NOTE: Should the child answer the question on items 5, 11, 12, & 13; repeat the directions and continue the testing.

ORAL COMMANDS

1. Familiarize the child with the names of all the objects and actions before this subtest begins.
2. Present commands at a normal rate of speech.
3. Commands may not be presented more than once.
4. Do not use gestures, glances or any visual cues.
5. Do not show the child what to do.

Instructions to the child

"I want you to do some things for me. Listen carefully". "Give me the pencil". Allow at least 15 seconds for the child to begin to respond. Continue on with all single commands.

At beginning of 2 commands

"I am going to ask you to do some more things now. Wait until I finish talking to begin. Stand up; then give me that book".

Scoring

Score one point for each command within the sets of commands. Maximum score is 20.

STORY COMPHREHENSION-Discontinue when all questions on any one story are missed.

1. Speak at a normal rate.
2. Present each story only once (except for the practice story).
3. Story questions may be repeated.

Instructions to the child

"I am going to tell you a story. Listen very carefully. When I finish, I will ask you some questions about the story".

"John is five years old. He has a dog. John runs with his dog".

"How old is John?" (Wait at least 10 seconds)

"What does he do with his dog?"

Questions may be repeated.

Repeat instructions if necessary.

Continue with stories.

Scoring

Score one point for each correct response to a question. Accept the last response from the child. Discontinue testing if a child misses all questions for a story.

TEST DIRECTION REFERENCE SHEET

1. Receptive Vocabulary

Give all items
May repeat once
Allow 10 seconds for each response

"We are going to look at some pictures. Look at all of the pictures on this page. (Point to all three pictures) "When I say a word, I want you to point to the picture that shows that word. Airplane--show me the airplane".

"Vamos a ver unos retratos. Mira los tres retratos en esta página". (Se le enseña al niño apuntando con el dedo.) "Te voy a decir una palabra y quiero que apuntes con tu dedo a lo que quiere decir la palabra. Avión--cuál es avión".

2. Sentence Repetition-Length

Stop after three consecutive sentence errors
DO NOT repeat
Note articulation errors
Note any change in wording
or
Write what the child says

"I want you to say what I say . . . . "

"Quiero que digas lo que yo te digo. . ."

3. Sentence Repetition-Complexity

Give all items
DO NOT repeat
Note articulation errors
Note any change in wording
or
Write what child says

"I want you to say what I say. . . . . ."

"Quiero que digas lo que yo te digo. . . "

4. Oral Commands

Give all items UNLESS #1 & #2 failed
Do NOT repeat, point or look
Child must know items to be used

"I want you to do some things for me. Listen carefully, because I am only going to tell you once. Wait until I finish talking to begin. Give me the pencil".

1. (1) 3. (2) 5. (3) 7. (4)
2. (1) 4. (2) 6. (3) 8. (4)

"Quiero que hagas lo que yo te digo. Pon su atención porque nada más una vez lo voy a decir. Haz lo que te digo cuando termine de hablar. Dame el lápiz".

5. Story Comprehension

English Stories-Page 23 or 13
Spanish Stories-Page 24 or 14

Stop when all questions for a story are missed
Can repeat ONLY practice STORY
Any QUESTION can be repeated
"I am going to tell you a story about a boy named John. Listen very carefully. When I finish, I will ask you some questions about the story".
Preface each story with "Now I will tell you about a . . . . . "
REMINDER: Do not score samples marked A or B on subtests 1, 2 and 5.
"Te voy a contar un cuento acerca de Juan. Quiero que pongas mucha atención. Cuando termine te voy a hacer unas preguntas".

SCORES

General

1. Turn to the appropriate norm table:
   (a) Anglo-American
   (b) English speaking Mexican-American
   (c) Spanish speaking Mexican-American
2. Select the norms for the subtest score being considered. There are separate norms for each of the five subtests.

Percentile Score

On the column to the left, select the appropriate age and underline with a straight edge this age with its line of figures (horizontal) at the 2nd, 10th, 25th, 50th, 75th and 90th percentiles.

On the line compare the child's raw score on the subtest with the normative score and record to the nearest percentile.

Age Equivalent Score

Look at the figures in the 50th Percentile Column (vertical)

Locate the raw score in this column

Look left (horizontally) and record the age at which 50 percent of the children made the raw score

INTERPRETATION

Deviant performance on this test is scoring at or below the second standard deviation below the mean. For screening purposes, any child falling below the 10th percentile might be considered for further language evaluation. For diagnostic purposes, a score falling below the second standard deviation might be considered grounds for placement in language remediation.

The test includes two oral expressive subtests and three receptive tests. It might be of value to assess the differences in scores between these two types of language tasks. The Oral Commands subtest is a motor-expressive task as well as an auditory receptive and auditory memory task.

CHAPTER IV

INDIVIDUALIZATION

Individualization in the AID Program is achieved by means of scheduling, grouping and planning within a highly structured instructional setting. During the ARD Committee meeting, the child is scheduled within an instructional arrangement (see Chapter I p. 3) that will serve his needs and allow for maximum growth. The amount of time the child will receive special instruction is also decided at this point. Once the student has been placed within a particular instructional arrangement, he is grouped with children of similar needs or with children functioning at approximately the same stage of development. Individualization is enhanced by the flexibility of these groups. The child might be in one group for language, a different group for motor, or perhaps no motor group at all. If one student progresses quickly and moves beyond his group, regrouping will occur.

Initial groupings are based on data obtained in the appraisal process. Children are placed in certain curriculum areas according to developmental delays. Teachers and instructional aides are assigned to curriculum areas. The children rotate from one group to another if they are assigned to more than one group. The curriculum is based on developmental sequences in various areas of growth.

CURRICULUM AREAS

1. Self-Help
    A. Large Group Activities
        (1) Snack time

a. Eating behaviors

b. Using utensils

(2) Lunch time

a. Eating behaviors

b. Using utensils

B. Small Group Teaching Units

(1) Personal Care

a. Teeth brushing

b. Hand washing

c. Personal grooming

d. Toilet training (if needed) continual throughout the day

(2) Care of surroundings

2. Socialization

A. Large Group Activities

(1) Taking turns

(2) Playing in groups

(3) Working in groups

B. Small Group Teaching Units

(1) Working together

(2) Being good neighbors

(3) Understanding community roles

3. Motor: Fine and Gross

A. Large Group Activities

(1) Playground activities

(2) Music activities

B. Small Group Teaching Units

4. Communication (Speech/Language)

A. All Activities

(1) Continual modeling

(2) Speech expansion

B. Small Group Teaching Units

(1) Language development-receptive and expressive

(2) Speech-correction of faulty production

(3) Oral language-English as a second language

5. Academic

A. Concepts of Quantity, Quality, Time and Space

B. Math Readiness

C. Science-Structured Units

(1) Plants

(2) Animals

(3) Family

(4) Other environmental and seasonal units

(5) Units developed from spontaneous interest

Grouping by similar needs or functioning facilitates planning, but it does not eliminate the need for individual planning. An initial educational plan based on pre-testing is written for each child and revised every three months. Group planning is based on the individual educational plan.

The Probe and Activity Sheet is the vehicle used for group data keeping. The teacher must plan the activities, prepare the activity, pre-test the activity, teach the activity, and keep a record of progress for each child assigned to

the group. Probe and Activity Sheets are not long term plans, but the small day to day steps used to achieve a larger goal.

Probe and Activity sheets used by the home trainer are placed on small clipboards with pencils attached for the convenience of the parent or parent surrogate. Spaces are left below each day for the parent to mark the number of times the task was tried that day or in some cases to mark the days on which the activities were performed. The home trainer uses the Probe Sheet information for data. She does pre and post testing on the task and records this information on a Behavior Log.

The Behavior Evaluation or log is an individual record of activities undertaken by each child. The initial date and date of activity accomplishment is included. These logs are filed in his individual folder and are used principally for evaluation. The child's log may be reviewed at any time to see what accomplishments have been made and in what area. The log also serves as a self evaluation for the teacher and shows his/her success in prescribing activities for the child. The Behavior Evaluation Sheet is almost self explanatory. Specific goals are briefly listed with dates of initiation of activity and date of accomplishment. With this sheet, a quick glance gives individual accomplishments to date. It provides continuous educational planning. Initial information is derived from the appraisal process but this is only a beginning point. Diagnostic teaching is an integral part of the program. The Probe Sheet and Behavior Log help the teacher maintain current data, serve as indicators of instructional needs, assure teaching at the appropriate level, serve as documentation of progress for accountability purposes.

All activities are language orientated. The predominantly Spanish speaking students in the program do receive language therapy in Spanish. Structured activities facilitate language development in both languages. The decision for the language most frequently used is based on:

1. age
2. type of disability
3. severity of the difficulty
4. general professional judgment
5. total staff decision including professional and para-professional
6. parent request

PROBE SHEET

GROUP: C.A., R.M., and J.L. AGE RANGE (6 years)

AREA: Communication PERFORMANCE LEVEL 4-5

OBJECTIVE: The children will demonstrate competency with subject pronouns (he, she, it) by using them correctly in sequence story.

	INITIAL PROBE			2ND PROBE	3RD PROBE	4TH PROBE
CHILDREN	DATE:			DATE:	DATE:	DATE:
	HE	SHE	IT			
C.A.	✓✓✓	✗✓✗	✗✗✗			
R.M.	✗✗✗	✓✓✓	✗✗✗			
J.L.	✓✓✓	✓✓✓	✗✗✗			

THOSE WHO SUCCEED HERE GO TO ENRICHMENT AREA

I. Activity: Learn pronouns: he, she, it

II. Techniques: 1. Pretest-use sequence stories from sequence story activity Record each child's responses.

2. Structure picture sentence in slotted sentence. Substitute written word for picture in who slot (put it on top) "Read" sentence using target word.

3. Use pronouns in each child's individual "sentence book".

4. Set up structured group situations to use target pronouns

III. Materials: DLM Sequence Cards, magazine pictures, Individual picture books

HOME TRAINING

PROBE AND ACTIVITY SHEET

NAME _____

DATE _____

TEACHER _____

TASK: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

BEHAVIOR EVALUATION

CHILD _____ AREA _____

TEACHER _____

SPECIFIC GOAL	DATE	DATE ACCOMPLISHED	COMMENTS

CHAPTER V

PARENT INVOLVEMENT

Parents are involved in all aspects of the program in varying degrees. The parent may be the referring agent. An extensive community information program involving all available media has been used to inform the parents of the services available for young handicapped children. Posters, radio and television announcements, newspaper articles, and speeches to local civic groups have been effective. Formal parent contacts begin with either a parent referral or at the screening committee meeting.

Plan for Counseling Parents and Guardians

1. After the referring teacher and helping teacher have completed the referral form, the referring teacher will contact the child's parents to establish a date for a parent conference; that communication will be in the language best understood by the parent.
2. The parent conference will constitute both the screening committee and opportunity for parent counseling.
3. At the parent conference, permission will be secured for comprehensive assessment or consideration for placement in special education services and parent or guardian approval will be secured for release of relevant information from various diagnostic sources to the school for educational purposes. Parent or guardian approval for use of pupil information by other schools and agencies will be secured at this time.
4. At the parent conference, all school records, except those exempt by law, and other information and data regarding their children are made

available; parent will be advised of the availability to them of similar information as it is collected.

5. While the parents are present, the procedures for appeals and hearings regarding disagreements over educational placement or grievances relating to special education services will be explained.

   Notification of the plan for counseling of parents and guardians will be made during the parent conference in the language best understood by the parents or guardians.

   Ascertain preferred time of parent for scheduling ARD.

After the child has been evaluated, the parent participates in the Admission, Review and Dismissal Committee meeting to help determine the best solutions to any problems the child might have. At this meeting, test results are reported to the parents and instructional decisions are made. A yearly ARD meeting is held to review each child's progress. Parents are encouraged to attend this meeting.

If the home program is chosen as the instructional arrangement, these parents have weekly contact with project personnel and are actively involved in the teaching process. The parents work with the home trainer in selecting specific goals. The home trainer selects and demonstrates activities for teaching these goals and instructs the parents as well as the children. Parents in the home program are included in the campus social activities.

Changes in schedules, notification of parties or meetings in addition to educational arrangements may create the need for a parent contact. Informal parent conferences are arranged as needed via telephone, notes, or personal contacts.

The parents of resource program children who are enrolled in public school participate in an active campus parental involvement program in cooperation with the Head Start program. The project parental involvement program centers around the parents of the self-contained and home-training program. Project personnel attend both campus and project parent activities.

Project parties have proven to be an effective way to help parents feel welcome and to help parents and teachers become acquainted. The Anglo-American and Mexican-American cultures provide opportunities for monthly combined socials and parent group meetings centering around holidays or fiesta days commonly celebrated in the community. Parents are encouraged to bring younger children and other family members as desired. Often grandparents or aunts and uncles attend as well as brothers and sisters not in school.

Parents volunteer to share their skills. Many mothers participate in learning activities centered around preparation of foods common to both cultures. Parents accompany the children and teachers on field trips and participate in special outings and events. Others work on campus assisting in preparing materials.

Newsletters are prepared at appropriate intervals to provide the parents with pertinent news. Invitations to all parties and meetings are sent to the parents. Parent representatives are included in the Advisory Council meetings.

APPENDIX

Index of Tests

		Profile Forms	Scoring Forms
1.	Del Rio Language Screening Test National Laboratory Publishers, Inc. P.O. Box 1003 Austin, Texas 78767 813 Airport Boulevard, Austin, Texas 78702		$6.00
2.	Alpern-Boll Development Profile 7150 Lakeside Drive Indianapolis, Indiana	Manual & Profile Forms (10) $8.35 Manual $7.75	(25) $3.85
3.	Utah Test of Language Development Communication Research Associates, Inc. Audiolinguistic Tests & Materials P.O. Box 11012 Salt Lake City, Utah 8411		$15.00
4.	Northwestern Syntax Screening Test Northwestern University Press Evanston, Illinois	$10.00	
5.	Screening Test of Spanish Grammar Northwestern University Press Evanston, Illinois	$10.00	
6.	Peabody Picture Vocabulary Test American Guidance Service, Inc. Publisher's Building Circle Pines, Minnesota 55014	$12.00	
7.	Test for Auditory Comprehension of Language Learning Concepts 2501 North Lamar Austin, Texas 78705 Kit Test Manual-$2.95; Test Booklet-$ .80; English Scoring/Analysis Forms (25)-$3.75; Spanish Scoring/Analysis Forms (25)-$3.75	$34.95	

Since the program stresses individual success, each activity is planned with a specific child and parent in mind. The curriculum is individualized and based on the developmental sequences in various areas of growth as assessed by the Alpern-Boll. Suggested curriculums are:

The Portage Guide to Early Education $18.00
P.O. Box 564
Portage, Wis.

Early Childhood Education for Handicapped Children: Birth-3yr. scale
Houston Speech and Hearing Center
Graduate School of Biomedical Sciences
University of Texas at Houston

Project Memphis: Lesson Plans; Guides to Teaching Pre-Academic Skills
A.D. Quick & T.L. Little, Ann Campbell
Dept. of Special Education & Rehabilitation
College of Education
Memphis State University

Learning Accomplishment Profile
Kaplan School Supply Co.
600 Jonestown Road
Winston-Salem, North Carolina 27103 $ 2.00
Manual for use of LAP $ 2.00
A Planning Guide $ 5.00

Manual I, Skills Sequence Checklist
Meyer Children's Rehabilitation Institute
Teaching Program for Young Children
University of Nebraska Medical Center
Omaha, Nebraska

*Piagetian Based Infant Stimulation Curriculum
Anne S. Bardwell, Director
Developmentally Delayed Infant Education Project
Nisonzer Center
Ohio State University June, 1972 (copyright)

Curriculum Guide Early Learning Center for Exceptional Children
A Project of the Education Service Center, Region XIV
1973 (copyright)$ 4.50